

Septic System _____

Water Sample _____

Phone: (806)-378-9472

Fax: (806)-378-3585



Receipt # _____

Date Paid _____

TDD: (806)-378-9472

ehealth@amarillo.gov

Amarillo Bi-City-County Health District

Application for Inspection of an Existing Septic System

Name of applicant: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Contact number: _____

Address of septic system: _____ City: _____ State: _____ Zip: _____

PRAD* account #: R- _____

Subdivision or section: _____ Tract: _____ Block: _____ Lot: _____

Square footage of house: _____ Number of bedrooms: _____

Is the home vacant?

Yes ☐

No ☐

How long _____

Have any additions been added since the home was built?

Yes ☐

No ☐

Unknown ☐

Has the septic tanks been pumped?

Yes ☐

No ☐

Unknown ☐

Do any of the toilets leak?

Yes ☐

No ☐

Unknown ☐

Check all that apply: Water softener ☐ Hot tub ☐

Dishwasher ☐

Garbage disposal ☐

How do you want the results returned to you? Email ☐ Fax ☐ Mail ☐

Email: _____

Fax: Name _____ Company _____ Number _____

Mail: _____ City: _____ State: _____ Zip: _____

Applicant's signature _____ Date _____

Permit fees:	Septic Systems	\$150.00
	Water Samples	\$70.00

*If our office did not originally inspect and approve the installation of this septic system, our office will not conduct an inspection of the system. We do not have a way to verify the system met State standards at the time of construction.

*By signing this application, I understand that any information reported on this form reflects the conditions on the day of inspection only and that the Environmental Health Department makes no guaranties that the septic system will remain trouble free or in satisfactory working condition.

Mail Application and Permit Fee To
Environmental Health Department
PO Box 1971
Amarillo, TX 79105-1971

Physical Address
Environmental Health Department
808 S. Buchanan
Amarillo, TX 79101

To be completed by Sanitarian

Was a water sample collected?	Date: _____	
Is the septic system approved for the current number of bedroom?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do downspouts drain onto the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a sprinkler system located over the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any surface improvements been placed over the top of the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Upon probing of the drain field, did any effluent percolate out of the probe holes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there evidence of a failing sewage system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are there any depressions more than 6 inches over any portion of the septic system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Notes: _____

Inspected by: _____ Date: _____